

ERN MEDICINE reaches its readers, all members of the California Medical Association will have received, from the office of the Association, a special letter and other printed information concerning the bill.² Every member is, therefore, urged to read the same, and to feel free to send to the Association Secretary such comments, suggestions or criticisms as may seem pertinent, and of which the Committee of Six will be glad to avail itself. In the attempt to formulate a law of such tremendous importance to medical practice, and which represents such a pioneering advance, with no precedent in American legislation by which to be guided, it is necessary that every word and line of the newly written statute shall be most carefully considered and appraised, lest errors creep in, which, by later court decisions (should the law be enacted), would nullify the stipulations laid down by the House of Delegates at the special session held at Los Angeles on March 2 and 3, when it gave its instructions to the Committee of Six. Members owe it to themselves, in view of their own personal interests, and also to organized medicine, as represented by the California Medical Association, not only to read the bill but to carefully study it, and to fully discuss it with fellow physicians. Such discussions should be supplemented by written communications on its merits and demerits sent in to the central office of the Association, in care of the Committee of Six or the secretary. And this, because every physician, both as a medical practitioner and as a citizen, has a right to be heard; the present time, being the best for giving expressions to opinions, whether for or against, before the bill is enacted into law.

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Comment on Other Proposed Legislation.—A. B. 1552, providing for a qualifying certificate act, is still in committee, having received many amendments from various sources. There is a growing sentiment that this bill, if it were to become a law through passage by the legislature, would fail to be of broadest use. For that reason, it may die in committee, thus permitting its consideration as an initiative measure at a future State election. Members who are interested in the measure should write to the State Printer at Sacramento, making request for a copy. Suggestions or criticism should be sent to the chairman of the special committee, whose report appears in the "Pre-Convention Bulletin," printed on page 317 of the April issue.

A. B. 2041, the dog pound (antivivisection) bill, is following the routine course of readings in committee. We have not learned whether its sponsor, Assemblyman Charles J. Wagner of Alameda, whose occupation in the Assembly roster is given as business manager of the Butchers' Union, will be as aggressive in its support as was former Senator Fellom, who espoused the measure in the legislative session of two years ago. Time will tell.

² Copies of the booklet, containing a copy of the S. B. 454, sold at one dollar each, may be secured by non-members upon application to the Association Secretary at Suite 2004, Four Fifty Sutter Building, San Francisco.

EDITORIAL COMMENT*

THE SEXUAL FACTOR IN PROSTATIC HYPERTROPHY

While the technique for the surgical removal or transurethral management of the hypertrophied prostate has reached a high degree of perfection, little advance has been made in recognizing the cause of this disease or the means of preventing it. Kenneth Walker's¹ survey indicates that prostatic enlargement is less common among the inhabitants of Japan, China, India, Philippines, and other parts of Africa, and among the negroes in North America. As a result of his rather extensive study, Walker believes that prostatic enlargement has an anthropological distribution and, according to frequency, he classes the races in the following order: Caucasian, Semitic, Arabic, Indian, Mongolian, and Negroid. Those countries in which prostatic enlargement is rare are the very places in which the sexual life is rather unrestricted.

What, then, is there about the sexual life of the Caucasian which predisposes him to prostatic hypertrophy? Is this form of tumor the price he pays for so-called "higher morality"? Why then should the celibate clergy escape it? Why should married men be particularly subject to it? *What is the relation between the sexual life and prostatic overgrowth?*

The statistics of hospitals, clinics, etc., conclusively show that the indiscretions of youth bear no definite relationship to the formation of prostatic tumor. On the other hand, every urologist knows that if a man leads a normal sexual life and then suddenly ceases to have indulgence, his prostate will become congested, frequently giving rise to urinary disorders; in such cases we find on rectal examination a large, tender prostate; on massaging such a prostate, we can usually express a copious quantity of prostatic secretion, together with the products of inflammation. Such an artificial evacuation is attended with relief of the symptoms and reduction in size of the gland. Ballenger, Elder, and McDonald² have reported a very significant observation in the matter of preventing benign enlargement of the prostate; among their patients who were periodically massaged there occurred no cases of prostatic hypertrophy. They reason that a mild irritating toxin produces the hyperplasia, and that by massage this toxin is eliminated. Von Lackum and Mitchell³ were able to obtain excellent results in the so-called bar obstructions by routine massage, instillation, and dilatation.

* This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comment by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California and Nevada Medical Associations to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

¹ Walker, K., *The Nature and Cause of Old Age Enlargement of the Prostate*, 1922.

² Ballenger, Elder, and McDonald, *Urol. and Cutan. Rev.*, No. 6, 1930.

³ Von Lackum and Mitchell, *J. Urol.*, 22:57, 1929.

Prostates become disordered during the period of the male "sexual crisis," unless they are relieved of their contents either in a physiological or mechanical manner. When there is a sudden abatement of sexual activity the prostate becomes congested and swells because there is an accumulation of secretion which gives rise to so-called "prostatic trouble." It is a well-known fact that a considerable number of men entering the middle span of life radically alter their sexual conduct, some of them because they feel that celibacy constitutes the ideal life, others because they think that by foregoing sexual activity they will conserve their energy, resistance to sickness, and thus prolong their longevity. On many men continence is forced by their spouses being ill or "frigid," or because their sexual desire is inhibited by financial or business worries which are so much in vogue these days. All such cases are very apt to inflammation, or "swelling," or "congestion" of the prostate, and this condition is associated with urinary symptoms. Unless their prostates are depleted by massage or an equivalent measure, this gland will continue gradually to enlarge and provoke "prostatismus."

The celibate clergy are, according to Hugh Young,⁴ practically immune to prostatic hypertrophy and, consequently, to symptoms of "prostatismus." In this group the prostate never develops into an actively secreting gland because at a very early age the sexual life was abnegated, and the prostate, accordingly, was never called into activity as it is in the normal married man. Celibacy adopted late in life is, therefore, not a preventive, but rather an accelerative factor of prostatic enlargement.

How to explain the frequency of prostatic hypertrophy among the Caucasian race as compared with other races? The main cause of this difference is our cultural code with its tendency to repress the natural outlet of sexual energy. Prostatic congestion is the price often paid for it. Therefore it seems that the logical method of preventing prostatic hypertrophy is periodic massage of the congested prostate, or such a sexual life that is compatible with the age, inclination, and general welfare of the patient.

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THE HYPOPHYSIS AND URINE FORMATION

Since the experiments of Magnus and Schaefer in 1901 it has been known that extracts of the pituitary gland affect the rate of urine formation by the kidney. The experiments of Motzfeldt¹ and of Rees² definitely established the fact that, while extracts of the posterior lobe of the hypophysis may cause a temporary diuresis, the principal effect is one of diminution in urinary flow. Stehle

and Bourne³ became interested in the changes in salt excretion, and showed a considerable increase in output of potassium and chlorid during the early period of diuresis; but they did not study the later and more prolonged period of antidiuresis. New light on the renal effects of pituitary extracts came from the recent experiments of Nelson,⁴ who showed that subcutaneous injections of the posterior lobe extracts in minimal effective dose have a pure antidiuretic effect, but that, in spite of the decrease in urine volume, there is an absolute increase in the excretion of chlorid.

With increasing doses of pituitary extract, up to an optimal range, there was a decrease in the urine volume. Above this optimal dose the urine volume increased again up to normal. The explanation for this paradox lay in the fact that, with increasing dose of pituitary extract, the salt concentration of the urine rose to a high point. The high concentration of salt leads to a high osmotic force in the kidney tubule, and this prevents the reabsorption of fluid from the tubule by the renal epithelium. These experiments of Nelson have been amply confirmed by Engel, McQuarrie and Ziegler,⁵ and Marx.⁶

Thus, there are apparently two opposing mechanisms involved in the diuretic-antidiuretic action of posterior lobe pituitary extracts. The one, an increased excretion of salt, the other, a decreased excretion of water. We still do not know how the excretion of salt is increased or the excretion of water decreased.

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³ Stehle, R. L., and Bourne, W.: *J. Physiol.*, 60:229, 1925.

⁴ Nelson, E. E., and Woods, G. G.: *J. Pharmacol. & Exper. Therap.*, 50:241, 1934.

⁵ Engel, R., McQuarrie, I., and Ziegler, M.: *Arch. f. Exper. Path. u. Pharmacol.*, 173:248, 1933.

⁶ Marx, H.: *Arch. f. Exper. Path. u. Pharmacol.*, 173:526, 1933.

The Age Limit for Professors.—The present age limit for professors of the imperial universities was first established in 1918 in the Tokyo Imperial University on the motion of professors of the medical department. Since then the question has been raised whether it is proper or unreasonable, but it has been faithfully obeyed as an unwritten law though it was merely a gentlemen's agreement. Sixty years, some think, is too early to retire. Professor Dr. K. Manabe, who has been about a year in Europe and America, has written on this subject in the *Varsity Press*, saying that the age limit should be abolished, as the age limit in Italy is 75, in Greece and France 70, in Germany from 65 to 68, and in Switzerland 70 years. Some are of the opinion that the age of 60 is the time when man is intellectually in his prime. It is absurd to apply the age limit uniformly without considering some personal factors. This law is now enforced only in the government universities, with one exception. If there is any good reason for this law, it ought to be enforced among other colleges. Some who have retired under this system have soon after been appointed to important offices. That there are many positions open to the retired professors better than the old post shows that it is not a disgrace to retire at 60; on the other hand, the present plan permits energetic young scholars to find their way to a professorship.—Japan News Letter.

⁴ Young, Hugh, *Practice of Urology*, Philadelphia, 1925, Saunders Co.

¹ Motzfeldt, K.: *J. Exper. Med.*, 25:153, 1917.

² Rees, M. H.: *Am. J. Physiol.*, 45:4, 1918.